

UNITED STATES DISTRICT COURT  
Southern District of New York

Latee, Robinson #06A1498, pro-se, Plaintiff  
- against -

16-cv-351

Correctional officers John Doe - Jane Doe, Sergeant John Doe, Sergeant Edward, Superintendent Michael Sheahan, Inmate Grievance program, Supervisors Ms. H. Martin, Ms. S. King, Medical doctor Wesley Canfield, Medical physician assistant Ben Oakes, Medical physician assistant John Doe, Medical Register nurses Jane Doe - John Doe, Anthony J. Annucci, acting Commissioner, psychiatrist Doctor Jose Gonzalez, Unit chief Dolly, Clinician Lmsw-2 Jane Doe, dermatologist Jane Doe - John Doe, medical doctors, <sup>John Doe</sup> each is sued in his/her person, individuals, officials capacities Defendants

AMENDED CIVIL COMPLAINT  
under the CIVIL RIGHTS ACT, 42 U.S.C. 1983  
CIVIL ACTION CASE NO. 1:16-CV-003516-FPG

Jury trial by Jury requested demand by Latee Robinson #06A1498, pro-se, Plaintiff in the above-captioned civil rights action case allege as follow:

Jurisdiction

1. This is a CIVIL RIGHTS case action seeking relief and/or demand for compensation on conditions injuries/damages past present and future to defend and protect the rights guaranteed by the State's ~~and~~ and ~~any~~ Federal Constitution of the United States. This court has Jurisdiction over this action pursuant to 28 U.S.C. 1331, 1343 (3) and (4) and 2201, ~~over~~ presiding over defendants correctional officers John Doe - Jane Doe, Sergeants John Doe, Sergeant Edward,

Superintendent Michael Sheahan, Inmate Grievance Program supervisor Ms. H. Martin, Ms. S. King, Medical doctor Wesley Canfield, Medical physician assistant Ben Oakes, Medical physician assistant John Doe, Medical Register Nurses Jane Doe - John Doe et al Southport C.F. in collaboration with Anthony J. Annucci acting Commissioner Central Office N.Y.S. D.O.C.C.S. Albany, NY 12226, in collaboration with analyzer psychiatrist Doctor Jose Gonzalez, C.N.Y.P.C., P.O. Box 300 Marcy, NY 14303, in collaboration with unit chief Dolly, Clinician L MSW-2 Jane Doe, C.N.Y.P.C. mental health unit at Southport C.F., in collaboration with dermatologist John Doe at ~~Wellesley~~ Walsh RMH Mohawk C.F., in collaboration with medical doctors John Doe, dermatologist John Doe, Jane Doe at Arnot Ogden Medical Center Hospital 600 Roa Ave Elmira, NY 14905, in collaboration with medical doctors John Doe, dermatologist Jane Doe at SUNY Upstate Medical University Hospital, 750 East, Adams Street Syracuse, NY 13210.

Parties

2. Plaintiff: Latrice Robinson #06A1498, pro-se, Plaintiff address at: Southport Correctional Facility P.O. Box Pine City, NY 14871

3. A. Defendants: John Doe - Jane Doe

Official position: Correctional Officers  
Address: Southport Correctional Facility P.O. Box 2000  
Pine City, NY 14871

B. Defendants: John Doe

Official position: Sergeants  
Address: Southport Correctional Facility P.O. Box 2000  
Pine City, NY 14871

C. Defendant: Sergeant Edward

Official position: Sergeant

Address: Southport Correctional Facility, P.O. Box 2000  
Pine City, NY 14871

D. Defendant: Michael Sheahan

Official position: Superintendent

Address: Southport Correctional Facility P.O. Box  
2000 Pine City, NY 14871

E. Defendant: H. Martin

Official position: Inmate Grievance Program Supervisor

Address: Southport Correctional Facility P.O. Box  
2000 Pine City, NY 14871.

F. Defendant: S. King

Official position: Inmate Grievance Program Supervisor

Address: Southport Correctional Facility P.O. Box 2000  
Pine City, NY 14871

G. Defendant: Welsey Canfield

Official position: medical doctor

Address: Southport Correctional Facility P.O. Box 2000  
Pine City, NY 14871

H. Defendant: Ben Oakes

Official position: medical physician assistant

Address: Southport Correctional Facility P.O. Box 2000  
Pine City, NY 14871

I. Defendant: John Doe

Official position: medical physician assistant

Address: Southport Correctional Facility P.O. Box  
2000 Pine City, NY 14871

J. Defendants: Jane Doe - John Doe  
Official position: medical register nurses  
address: Southport Correctional Facility p.o. Box 2000  
Pine City, NY 14871.

K. Defendants: Anthony J. Annucci  
Official position: acting commissioner  
address: ~~Southport Correctional Facility~~ New York State  
Department of Corrections and Community Supervision  
The Harriman State Office Campus, 1220 Washington Ave  
Albany, NY 12226.

L. Defendant: Psychiatrist Doctor Jose Gonzalez  
Official position: psychiatrist Doctor  
address: Central New York Psychiatric center, p.o.  
Box 300 Marcy, NY 14303

M. Defendant: Dolly  
Official position: Unit chief  
address: central New York psychiatric center mental  
health unit at Southport Correctional Facility 236 Bob  
Masia Drive p.o. Box 2000 Pine City, NY 14871

N. Defendant: Jane Doe  
Official position: clinician LMSW-2  
address: central New York psychiatric center mental  
health unit at Southport Correctional Facility 236  
Bob Masia Drive p.o. Box 2000 Pine City, NY 14871

O. Defendant: Jane Doe - John Doe  
Official position: dermatologist  
address: Arnot Ogden Medical Center 600 Roe Ave Elmira  
NY 14905

P. Defendants: John Doe  
Official position: medical doctors  
address: Arnott Ogden Medical Center 600 Roa Ave Elmira  
, NY 14905

Q. Defendants: John Doe  
Official position: medical doctors  
address: SUNY Upstate Medical University Hospital 750  
East Adams Street Syracuse, NY 13210

R. Defendant: Jane Doe  
Official position: dermatologist  
address: SUNY Upstate Medical University Hospital 750  
East Adams Street Syracuse, NY 13210

S. Defendant: John Doe  
Official position: dermatologist  
address: Walsh Rm1 Mohawk Correctional Facility 6514  
Route 26, Rome, NY 13440.

4. Place of present confinement  
a. Is there a prisoner grievance procedure at this facility?

Yes

b. If your answer to 4.a is yes, did you present the facts  
relating to my complaint in this grievance program?

If your answer to 4.b is yes,

(i) What step did you take? From October 2015 to December 2015  
I was unable to write with my hands in extreme pain I request  
assistant to assist me document Inmate Grievance complaints  
denied by I.G.P.S. Ms. H. Martin making round B-11-Gallery while I  
housed B-11-20 cell and From January 2016 to March 2016 I was  
unable to write with my hands in extreme pain I request  
assistant to assist me document Inmate Grievance  
complaints denied by I.G.P.S. Ms. S. King making round C-10-Gallery  
while I housed C-10-12 cell. Sometime in March 10-2016 I was  
able to write with my hands in pain but not in extreme pains

I written late Inmate Grievance complaints.

(ii) What was the final result of my grievance? Grievance No. SPT-61960-16 title of Grievance on H medication issue Superintendent's response I return timely to Inmate Grievance program I been denied response of IGRG decision, I been denied timely appeal to central office review Committee by Inmate Grievance program and replaced my Superintendent's response For redacted Superintendents Signature and area my grievant signature date blank in conspiracy retaliation against me. The following denied For central office Review Committee:

Grievance No. SPT-62824-16 title of grievance on H wants bipolar medication,

Grievance No. SPT-62833-16 title of grievance wants IGPs to assist mHu referral,

Grievance No. SPT-62815-16 title of grievance on H issue copy progress notes,

The Following appeals appealing to response of IGRG, Superintendents response and central office review Committee!

Grievance No. SPT-62748-16 unable to read title of grievance

Grievance No. SPT-62748-16 title of grievance proble with penis

Grievance No. SPT-62747-16 title of grievance wants refills

Grievance No. SPT-62675-16 unable to read title of grievance

Grievance No. SPT-62800-16 title of grievance permit for metal

detector

Grievance No. SPT-62826-16 title of grievance Appeal not processed

Grievance No. SPT-62825-16 title of grievance wants issue documented

Grievance No. SPT-62432-16 title of grievance Itchy

Grievance No. SPT-62791-16 title of grievance Improper investigation

Grievance No. SPT-62738-16 title of grievance put up mail while grievant

Sleeps

Grievance No. SPT-62737-16 title of grievance not receiving disbursement receipts

Grievance No. SPT-62624-16 title of grievance Disagree with grievance investigation

Grievance No. SPT-62611-16 title of grievance Disagrees with current medical care

Grievance No. SPT-62467-16 I am unable to read title of grievance

Grievance No. SPT-62433-16 title of Grievance no help from IGPS

Grievance No. SPT-62618-16 title of Grievance wants interview for Grievance Filed.

Grievance No. SPT-62274-16 title of Grievance wants to file a late grievance

Grievance No. SPT-62367-16 title of Grievance Legal mail not processed properly

Grievance No. SPT-62266-16 title of Grievance failure to follow request

Grievance No. SPT-62570-16 title of Grievance Legal mail lost

Grievance No. SPT-62500-16 title of Grievance Legal mail taken

Grievance No. SPT-62527-16 title of Grievance legal mail opened

Grievance No. SPT-62590-16 title of Grievance missing legal mail

Grievance No. SPT-62515-16 title of Grievance claims side effects

Grievance No. SPT-62838-16 <sup>7:00 AM</sup> ~~7:00~~ unable to read title of grievance

## 5. Previous Lawsuits

a. Have I Filed other Lawsuit in state or Federal court relating to my Imprisonment? Yes.

b. If my answer to 5a is yes I must describe any and all lawsuits, currently pending or closed in the space below!

I can't explain the detail to closed court of claims in the State of New York clerk office have the record. I have currently pending claim NO. 127841, Claim NO. 127842-A.

I can't explain the detail currently pending supreme court Oneida county civil action case number none, CA2016-001098, RJI index no. Judge Clark,

I can't explain the detail closed civil complaints with United States district court Southern, northern, and western district of New York clerk office have the record.

I can't explain the detail closed crimi/civil complaint with United States district court Southern district of New York.

### Facts

Note: you must include allegations of wrongful conduct as to each and every defendants in my civil complaint.

1. I, discovered claim accrued on date 3-10-16 by dermatologist John Doe at Walsh Rmu Mohawk C.F. The dermatologist undocumented to explaining psychiatric medication tegretol to cause the negative side effect condiction unable to write with my hand, unable to see clearly, unable to sleep, unable to drink, unable to eat and starving, rash all over my face and body everywhere, itchiness all over my face and body everywhere, lost color of my skin face and body everywhere, lost of taste with my tongue, lost of smell with my nose, lost of stimulation unable to get hard on with my genital penis, lost of my memory events, sores in my mouth on my lips, on my tongue on my back on my genital penis, pains in my hands, back, neck, chest, migraine, my skin to burns with my face and body everywhere by state issue soaps, commissary buy soaps, lotions, deodorants, shampoos, hospital's soapy wash cloth, deodorants, Shampoos and soaps, taking bath in sick water, showers, blanket off/on thoughts feelings to commit suicidal and negative side

Effects to psychiatric medication name tegretol attempt to cause me a fatal death.

The dermatologist John Doe undocumented reason why to discontinued psychiatric medication name tegretol adequate treatment for my angry bipolar and denied to prescribe substitute psychiatric medication adequate treatment for my angry bipolar.

The dermatologist John Doe undocumented reason why to prescribed medical medication name triderm ointment for my Itchingness all over my face and body everywhere and the Itchingness may never go away.

The dermatologist John Doe failure to prescribed medical medication adequate treatment for my skin burns by States issue soaps, commissary buy soaps, lotions, shampoos, deodorants, to my face and body everywhere taking and hospital soapy wash cloth, soaps, shampoos, deodorants to my face and body everywhere taking bird bath in sink water, bucket water, and shower.

The dermatologist John Doe undocumented information to Steven Johnson syndrome and documented diagnosis Steven Johnson Syndrome.

2. 10-19-15, I had an call out with clinician LMSW-2 Jane Doe and television conferance with psychiatrist Doctor Jose Gonzalez stated I should receive negative side effect to report to mental health staffs, or medical register nurses or security staffs and etc. psychiatrist Doctor Jose Gonzalez never explained what I to expect to watch out for negative side effect by psychiatric medication name tegretol adequate treatment for my angry bipolar. psychiatrist Doctor Jose Gonzalez discontinued psychiatric medication name zyprexa adequate treatment for my angry bipolar from the year 2013 to 2015 discontinued with lies against me to I never stated psychiatric medication zyprexa not working complete lies and I been to outpatient-inpatient mental

health treatment program in Society and psychiatrist Doctor Jose Gonzalez Familiar and aware how I been not receiving multi penlties disciplinary tier I, II, and III hearings From the year 2013 to 2015 to present because I was receiving psychiatric medication Zyprexa adequate treatment for my angry bipolar, I would been on psychiatric medication Zyprexa from the year 2006 to 2013 to present I would never receive multi penlties disciplinary tier I, II, and III hearing history should be expunged because from the year 2006 to 2013 to present I been denied psychiatric medication adequate treatment for my angry bipolar by mental health treatment team at C.M.Y.P.C. mental health unit at Green haven c.F., Upstate c.F., Great Meadow c.F., Five points c.F., Elmira c.F., Southport c.F., Attica c.F., Auburn c.F., Clinton c.F. when ~~was~~ Central New York psychiatric center in collaboration with New York state department of correctional services, and New York state department of corrections and community supervision while I am in the custody state inmate #06A1498, #99A2768, #97R0719 and criminal charges history to NYSSID # 7758674-11.

3. In November 2015 my mental health record progress notes destroyed to document call out with me and psychiatrist Doctor Jose Gonzalez denied to change psychiatric medication tegretol for substitute another adequate treatment for my angry bipolar and psychiatrist Doctor Jose Gonzalez annoyed my complaint not feeling well I have a rash and itchiness all over my face and body everywhere, unable to write with my hand, unable to see clearly, unable to sleep, unable to drink, unable to eat and starving, sores in my mouth on my lips on my tongue on my back on my genital penis, extreme pains in my hands, back, chest, neck, migraine, and often throughs feeling to commit Suicidal and my complaint to security staffs, mental health staffs, medical register nurses will tell me to continue

to take psychiatric medication tegretal is psychiatrist Doctor Jose Gonzalez orders, but psychiatrist Doctor Jose Gonzalez increased psychiatric medication tegretal from 20 mg to 800 mg adequate treatment for my angry bipolar and on 12-7-15 and 12-14-15 progress notes by psychiatrist Doctor Jose Gonzalez lied against me, and on 12-14-15, psychiatrist Doctor Jose Gonzalez never seen me at infirmary at Southport C.F. and between ~~December~~ 2015 to 7-15-16 psychiatrist Doctor Jose Gonzalez never documented reason why to discontinued psychiatric medication tegretal and unprescribed substitute psychiatric medication adequate treatment for my angry bipolar.

4. on 7-15-16 I receive call out with television conference with psychiatrist Doctor Jose Gonzalez to tell me I will no longer to be seen by Jose Gonzalez, to tell me to bring my complaints and request for psychiatric medication adequate treatment for my angry bipolar to my next call out with the new psychiatrist Doctor, so psychiatrist Doctor Jose Gonzalez doesn't care how I am suffering and struggling to continue a positive behavior for over six months and not to commit suicide.

5. In November 2015 my request for progress note call out at BBlock with me and clinician LMSW-2 Jane Doe denied to help assist me with my complaint of condiction injuries damages of unable to write with my hands in extreme pain, unable to see clearly, unable to sleep, unable to drink, unable to eat and starving, pain and itchiness all over my face and body everywhere, sores in my mouth on my lips on my tongue on my back and often thoughts feeling to commit suicide I was denied medical-mental health service to be returned to B-11-20 cell and undocumented.

6. From October 2015 to December 2015 while I was housed B-11-20 cell and Food handling correctional officers John Doe-Jane Doe would undocumented my complaints I am unable to drink and unable to eat and been starving.

6. From October 2015 to December 2015 while I was housed B-11-2ocell I complained and I am unable to write with my hands in extreme pains, unable to see clearly, unable to sleep, unable to drink, unable to eat and starving, Sores in my mouth on my lips on my tongue on my back, rash and itchiness all over my face and body everywhere, Pains in my back, hands, chest, neck, migraine, and off/on thoughts feeling to commit suicide to whom making rounds Inmate Grievance program Supervisor H. Martin, sergeants John Doe, Unit Chief Dolly with escorting correctional officers John Doe, medical register nurses Jane Doe - John Doe with escorting correctional officers Jane Doe - John Doe, and clinician LMSW-2 Jane Doe with escorting correctional officers John Doe - Jane Doe and to be undocumented I remain to B-11-2ocell.

7. From January 2016 to March 2016 while I was housed C-10-12 cell I complained I am unable to see clearly unable to write with my hand in extreme pains, lost of taste with my tongue, lost of smell with my nose, lost of memory events, lost of stimulation unable to get a hard on with my genital penis, lost of my skin color, unable to control my negative behavior my angry bipolar to whom making rounds by Inmate Grievance program supervisor S. King to assist and undocumented.

8. On 7-21-16 I was seen by clinician LMSW-2 Ms. Gilmore with tele-vision conference new psychiatrist Doctor John Doe to reschedule because they didn't have my chart and asked me will I be okay to the next call out and my response was yes I be okay I try my best to be okay.

9. In November 2015 or December 2015 while I was housed B-11-2ocell Sergeant Edward making rounds stop when I verbally complained my Conduction injuries and damages Sergeant Edward response was you think I forgot what you done to me in the past throwing Shit on me ha ha oh the Superintendent Michael Sheahan knows he on

mine team not your team and sergeant Edward walked away From me at B-II-20c cell

10, between F.O. I.L. Office Southport C.F. and anthony J. annucci acting commissioner central office Albany, NY 12226 my request to be provided B-block log book From October 2015 to December 2015 For B-II-galley exact dates, assign duty, Making rounds and the Names of clinician LMSW-2 Jane Doe, unit chief Dolly, escorting correctional officers John Doe-Jane Doe, medical register Nurses Jane Doe-John Doe, Sergeants John Doe, Sergeant Edward, correctional officers John Doe-Jane Doe Food handler, correctional officers John Doe-Jane Doe, Superintendent Michael Sheahan, I G.P.S H. Martin denied For review, and sick call slips

11, medical records dept Southport C.F. denied my request to review sick call slips from October 2015 to December 2015 by receiving no call out.

12. on 7-15-16 correspondence by Meaghan Bernstein, MA Risk management specialist, C.N.Y. p.c. P.O. Box 300 Mary, NY 13403 receive False information of P.I.s against me reviewing mental health chart with om H Staff at C.N.Y. p.c. mental health unit Southport C.F.

13, while the records reflects from the year 2013 to 2015 being prescribed psychiatric medication Name Zyprexa adequate treatment for my angry bipolar I receive no multi penalties disciplinary hearings so I was incompetent to multi penalties guilty to disciplinary hearings, under State inmate numbers #6A1498, #99B2768 and #97R0719 and criminal convictions under NYSIO # 7758674-H to be dismissed or and expungement by anthony J. annucci acting commissioner and the courts

14. The records reflect by I G.P.S. M.S. King warning documented my negative behavior since I been discontinued psychiatric medications zyprexa, and tegretol both adequate treatment for my angry bipolar everyday/every night I am struggling and suffering to continue a positive behavior without psychiatric medication adequate treatment for my angry bipolar.

15. I denied team work by medical treatment team John Doe - Jane Doe, and mental health treatment team John Doe - Jane Doe would not work together ~~now~~ now I have the Steven Johnson syndrome lost stimulation unable to get a hard on with my genital penis, lost of taste with my tongue, lost of smell with my nose, lost of my original skin color, lost of my memory events, unable to sleep normally, unable to eat normally, unable to see clearly because of defendants.

16. From 12-14-15 to 12-15-15, medical register nurses Jane Doe, medical Doctor Welsey Canfield, medical physician assistant Ben Oakes, medical physician assistant John Doe denied to document all, injuries damages condition

17. From 12-15-15 to 12-18-15 medical doctors John Doe and dermatologist at arnot ogden Medical center 600 Raad Ave Elmira, NY 14905 undocumented all my injuries damages condition and discontinued psychiatric medication tegretol

18. From 12-18-15 to 12-23-15 medical doctors John Doe and dermatologist Jane Doe at SUNY upstate Medical University hospital 750 East Adams Street Syracuse, NY 13210 undocumented all my injuries damages condition and discontinued psychiatric medication tegretol

19. From 12-23-15 to 12-28-15 medical physician assistant John Doe, medical Doctor Welsey Canfield undocumented discontinued psychiatric medication tegretol and undocumented to prescrib reason why medical medication Flexeril treatment for cramps, tight muscle and sleep pm and Eucerin cream treatment for rash and itchyness all over my face and body everywhere and Relafen treatment for pains and undocumented my injuries damages condition lost stimulation unable to get hard on with my genital penis, lost of taste with my tongue, lost of smell with my nose, unable to sleep normally,

unable to eat normally, unable to see clearly, lost of my original skin color, lost of my memory events, itchingness all over my face and body everywhere, an skin burns to soaps, deodorants, shampoos, and lotion and angry bipolar.

20, on 4-28-16 medical physician assistant Ben oakes prescrib medical medication I NDocin For pains and prescrib ed medical medication favist For restoring taste and smell reasons undocumented and undocumented my injuries damages condiction lost of stimulation unable to get hard on ~~with~~ my genital penis, lost of taste with my tongue, lost of smell with my nose, unable to sleep normally, unable to eat normally, unable to see clearly, lost of my original skin color, lost of my memory events, itchingness all over my Face and body everywhere, skin burns to soaps, deodorants, Shampoos, lotions, and my angry bipolar.

21, I request mental health to provide me information For exacts dates LMSW-2 names call out in November 2015 and recording television conference video ~~and~~ audio tapes 10-19-15 and November 2015 with psychiatrist Doctor Jose Gonzalez denied.

## 7. CAUSES OF ACTION

Note: You must clearly state each cause of action I assert in my Civil Lawsuit

### FIRST cause of action

defendants denied equal protection, Failure to protect, cruel unusual punishment, medical malpractice, psychiatric malpractice, negligent, negligence, deliberate indifferent, intentional conspiracy retaliation, denied patient bills of rights, and denied incompetence disciplinary penlties tier I, II, and III hearings, and criminal conviction history

## Second cause of action

defendants and claimant pro-se have no constitutional rights to starve and suffer in pains and fatal death attempt by psychiatric medication and Steven Johnson syndrome and angry bipolar negative behavior to myself and others,

## Third cause of action

Jury trial by Jury request

## Fourth cause of action

I, Latee Robinson #06A1498 claimant, pro-se wants to be awarded demand in the amount \$125,000.000.00 dollars For nominal damages injuries patient rights have been violated by defendants Judgment to be unfavorable,

## Fifth cause of action

I, Latee Robinson #06A1498 claimant, pro-se wants to be awarded demand in the amount \$125,000.000.00 dollars For punitive damages injuries Steven Johnson syndrome, starving, extreme pains, suicidal, and negative behavior angry bipolar for punish and cruel unusual punishment to punish defendants to hurt on purpose for Judgment unfavorable,

## Sixth cause of action

I, Latee Robinson #06A1498 claimant, pro-se wants to be awarded demand in the amount \$125,000.000.00 dollars for compensatory damages injuries by defendants Judgment unfavorable for physical, mentally and emotional harm caused.

## 8. Prayer for relief

Wherefore plaintiff, pro-se, Latee Robinson #06A1498 request this court to grant the following relief: To be awarded demand in the amounts \$125,000.000.00 dollars for compensatory, punitive, and nominal damages injuries past present and future Judgment against defendants unfavorable.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: 7-24-16

Latee Robinson  
Latee, Robinson  
#06A1498, pro-se  
Claimant  
Southport Correctional  
Facility P.O. Box 2000  
Pine City, NY 14871

Exhibits



## Corrections and Community Supervision

ANDREW M. CUOMO  
Governor

ANTHONY J. ANNucci  
Acting Commissioner

May 18, 2016

Latee Robinson  
06A1498  
Southport Correctional Facility  
P.O. Box 2000  
Pine City, NY 14871-2000

Acting Commissioner Annucci has asked me to respond to your letter requesting your medical documents.

Nurse Administrator Vonhagn said that he only received a written request from you for your OMH medication information. He advised you to request this from the Office of Mental Health. The OMH Unit Chief Dolley said this has been addressed with you, as well as your concerns about your medication side effects. I encourage you to continue to work with your treatment team and alert them if you have any further side effects.

Nurse Administrator Vonhagn also said that he never received a written request from you for your medical information or information about your trip to the outside hospital. You must submit a request to him in writing for the specific information you would like.

Your letter was also forwarded to Central New York Psychiatric Center Risk Management Office to investigate the concerns you expressed.

Sincerely,

A handwritten signature in cursive ink.

Bryan Hilton  
Assistant Commissioner

Cc: Michael Sheahan, Superintendent – Southport Correctional Facility



## Corrections and Community Supervision

ANDREW M. CUOMO  
Governor

ANTHONY J. ANNucci  
Acting Commissioner

May 18, 2016

Latee Robinson  
06A1498  
Southport Correctional Facility  
P.O. Box 2000  
Pine City, NY 14871-2000

Acting Commissioner Annucci has asked me to respond to your letter regarding your request for information on a specific staff member so that you may file a formal complaint regarding medications.

It has been reported to me that several months ago you were taken off the medication in question (Tegretol), because it resulted in a negative allergic reaction.

I encourage you to positively cooperate with staff from both the Office of Mental Health and Department of Corrections and Community Supervision at your current facility so that you may reach your agreed upon goals.

Sincerely,

A handwritten signature in black ink that appears to read "Bryan Hilton".

Bryan Hilton  
Assistant Commissioner

Cc: Michael Sheahan, Superintendent – Southport Correctional Facility

7-5-16

latee, Robinson #06A1498, C-10-12 cell Southport Correctional Facility

RECEIVED

JUL 06 2016

SOUTHPORT CORRECTIONAL FACILITY  
INMATE ACCOUNTS

TO: INMATE ACCOUNTS BUSINESS OFFICE Southport

your office receive on 7-5-16 disbursement amount \$ 600.00 dollars and disbursement amount for filing fees \$ 350.00, \$ 50.00 dollars and disbursement amount \$ 474 for postage service legal mail attached to Regatta envelope addressed to desk office US district court western district of New York because mail box cart correctional officer never place outgoing envelope attached two disbursement inside mail box regarding above so I am writing this letter follow up to follow up on my outgoing mail legal mail above



## Corrections and Community Supervision

ANDREW M. CUOMO  
Governor

ANTHONY J. ANNUCCI  
Acting Commissioner

TO: *Robinson 064498*  
FROM: Inmate Accounts  
DATE: *7/6/16*  
RE: In Response to Letter

\*\*\*\*\*

Per Directive 2798: Interest earned on reserve funds deposited in an interest bearing account or other interest bearing medium shall be paid to those inmates who have an average balance in their accounts of \$100 or more for a given quarter. This interest will be paid on the amount in excess of \$100. Interest will be posted quarterly to the inmate's account for quarters ending March 31, June 30, September 30 and December 31.

Your "Informa Pauperis" letter must be signed and dated by you before it can be processed by Inmate Accounts.

You must submit this "Informa Pauperis" to the Law Library for copies if you need more than one copy. Inmate accounts is not required to fill out the forms in duplicate. Advances are collected at a rate of 100% of all receipts.

Checks cannot be stop paid for 60 days from date written.

Your spendable balance as of the above date is \_\_\_\_\_.

Attached is a current status and/or transaction print out of your account.

Your requested copy is attached.

Your receipt for \$ \_\_\_\_\_ was processed on \_\_\_\_\_.

Inmate Accounts sends all processed pink copies of disbursements to Correspondence daily.

Your disbursement for \_\_\_\_\_ was processed on \_\_\_\_\_.

Attached: \_\_\_\_\_

Your transfer funds were processed on \_\_\_\_\_ for \$ \_\_\_\_\_.

The Transfer Fund amount on your pink transfer slip includes encumbered funds that are not spendable.

Direct your payroll concerns to "Guidance Unit – Attn: Inmate Payroll".

Inmates requesting copies must submit a FOIL request along with a disbursement for \$ .25 a copy to Inmate Records.

Your transfer funds have not been received from your previous facility. Transfer funds are not electronically transferred, and can take up to two weeks to arrive.

Per directive 2798: inmate disbursements can take up to 10 business days from date received at the Business Office, to be processed.

Per directive 2798: inmate money home disbursements in excess of \$100.00 will require the written approval of the Superintendent (or designee) before Inmate Accounts can process them.

Per Directive 2798: Disbursements in excess of \$ 100.00 requiring the Superintendents approval must also include the purpose of the Disbursement and the relationship of the payee to the inmate. IE: Wife, Mother, Father, Sister, Ect.

*R*  
**file name: inmate letters**



ANDREW M. CUOMO  
Governor

## Corrections and Community Supervision

ANTHONY J. ANNUCCI  
Acting Commissioner

To: Robinson, Latee 06a1498 C-10-12  
From: A. Lowe, DSP  
Re: Disbursements  
Date: July 15, 2016

My office was advised by the business office that they never received your \$400.00 disbursement that you brought up in your 7/12/16 letter to my office. It also stated that it received your \$210.00 disbursement and processed it on 7/13/16. All processed pink copies of disbursement are sent to correspondence daily.

A. Lowe

A. Lowe

Deputy Superintendent for  
Program Services

cc: File

FORM 3105A (7/11)

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION  
AMBULATORY HEALTH RECORD PROGRESS NOTE

Name	Robinson L	DIN	06 A1498	Date of Birth	09-23-78	Facility Name	630
Subjective:	Requesting refills of Prulosec, Lipitor, Novamide, Vasotec, HCTZ & Lactaid.			Last Name	Robinson		
Objective:	All above actives refillable.			DIN	06A1498	Location	B11-20
Assessment:	Appears compliant w/ meds. BP fairly well controlled.			Date	12-13-15	Time	AMSC
Plan:	Refills submitted offers no c/o's.			Provider Orders:			
Signature/Provider # <u>D Knapp RN 210</u>		RN Transcribing Order/Provider #/Date/Time					
Subjective:	Requesting to see MD for Sore throat & rash.			Last Name	Robinson		
Objective:	C/o sore throat & rash x 2 wks. Stated feels like it's hard to breath & difficult to swallow like his throat is			DIN	06A1498	Location	B-11-21
Assessment:	Swollen. has caused rash over entire body. Lips are swollen. appears to have difficulty swallowing. denies any new foods denies allergies. TO MD/PA to advise			Date	12/14/15	Time	AMSC
Plan:	? call out soon.			Provider Orders:			
Signature/Provider # <u>A. Hunt RN</u>		RN Transcribing Order/Provider #/Date/Time					
Subjective:	Rash over torso, arms, legs. Tongue & lips feel swollen. Lips burned & dry x 2 wks. Few nodes, soaps, lotion. Notes has taken Vasotec for years. Skin very itchy. Notes Scattered purples. Cough, ST, Cough, fever, chills, Nausea, CP, SOB, constipation, dry skin, numbness, tingling.			Last Name	Robinson		
Objective:	BP 122/80. Heart rate clear. Tongue bright red w/ white coating. Lips swollen & red. Throat w/ small red papules.			DIN	06A1498	Location	
Assessment:	P 128. Neck & spine tenderness.			Date	12/14/15	Time	
Plan:	T100.8. L CTx. No lymphadenopathy Skin. Diffuse red, black papules over entire torso, arms & legs. Skin peels on forehead. Sandpaper texture to skin. Neuro CN II - VIT. Gait steady. DSI normal. A Dermat. - ? Scarlet Fever			Provider Orders:			
Signature/Provider # <u>P. See</u>		RN Transcribing Order/Provider #/Date/Time					

2/25/16 8:34:07  
HSC4781NYS DEPARTMENT OF CORRECTIONAL SERVICES  
HEALTH SERVICES SYSTEM  
REQUEST AND REPORT OF CONSULTATIONPOSTED  
3/1

NAME: ROBINSON, LATEE

DIN: 06A1498 DOB: 04/23/1978

CURRENT FAC: SOUTHPORT

REFERRING FAC : SOUTHPORT

REFERRAL NUMBER: 15540604.01M

REFERRAL DATE : 12/23/15 02:52P TELEMED: N&lt;N&gt;

REFERRAL TYPE : INITIAL

TYPE OF SERVICE: DERMATOLOGY

REFERRAL STATUS: SCHEDULED

URGENCY OF CARE: ROUTINE

INTERPRETER:

MEDICAL HOLD: NO TYPE: REASON CODE: EXP. DATE:

TRANSPORTATION : N WHEELCHAIR N NURSE N AMBULANCE N LITTER N HCA

SENSORIAL IMPAIRMENT:

REFERRED BY: BENJAMIN OAKES, PA

APPOINTMENT: 03/10/16 11:00A

REVIEWED BY: WESLEY CANFIELD, MD

POS: WALSH RMU

PROV: MIRANDA, ZANE-DER

REASON FOR CONSULTATION:

USER: 12/23/15 02:52P C630BA0

( PT BEING DISCHARGED FROM THE HOSPITAL TODAY WITH AN ADMISSION FOR ? STEVENS )

( -JOHNSON SYNDROME. RECOMMENDED FOR PT TO F/U WITH DERM. )

( )

( )

( )

=====  
ATTENTION: DO NOT INFORM INMATE OF FUTURE APPOINTMENT(S)

CONSULTANT REPORT:

S:

as above

Stevens-Johnson syndrome 2nd  
Tegretol.

O:

Resolved, residual pruritis

A:

S-J syndrome

① Triamcinolone ointment 0.1% 2

apply b/q itchy areas. Dose per 160g

P:

② Hydrocortisone lotion - apply daily

CONSULTANT SIGNATURE: \_\_\_\_\_

DATE: 1/1

IF FOLLOW-UP/PROCEDURE RECOMMENDED - REQUESTED BY 1/1

\* CONSULTATION IS A RECOMMENDATION. FINAL DETERMINATION WILL BE MADE BY THE  
INMATE'S NYSDOCS PHYSICIAN.

R8 Shillie

 <b>Corrections and Community Supervision</b>	GRIEVANCE NO.	DATE FILED
	SPT-61960-16	3/18/2016
<b>INMATE GRIEVANCE PROGRAM</b>  <b>SUPERINTENDENT</b>	FACILITY	POLICY DESIGNATION
	Southport Correctional Facility	L 50
<b>GRIEVANT</b>  Robinson, Latice	TITLE OF GRIEVANCE OMH Medication Issue.	CLASS CODE
	SUPERINTENDENT'S SIGNATURE <i>M. Leake Supt</i>	DATE 3/21/16
	DIN 06-A-1498	HOUSING UNIT C-10-12
	Cell Location at time of grievance C-10-12	

**SUPERINTENDENT'S RESPONSE**

The Office of Mental Health (OMH) is a separate entity, not under the jurisdiction of the Department of Corrections and Community Supervision (DOCCS). In accordance with Directive #4040, Section 01.3 (e) and (f) your complaint is being forwarded to the Unit Chief of the Office of Mental Health (OMH) for whatever remedial action is deemed appropriate. The Superintendent's response completes the IGP process and there is no further appeal available.

**ANSWERED MAR 22 2016**

**SENT**

**MAR 22 2016**

**SOUTHPORT GRIEVANCE**

**APPEAL STATEMENT**

If you wish to refer the above decision of the Superintendent, please sign below and return to the Inmate Grievance Clerk. You have seven (7) calendar days from receipt of this notice to file your appeal. \* Please state why you are appealing this decision to C.O.P.

*Latice, Robinson 06-A-1498*

Grievant's Signature

*3-25-16*

Grievance Clerk's Signature

*3-25-16*

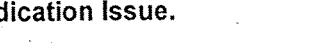
\*An exception to the time limit may be requested under Directive 4040, Section 701.6(f).



## Corrections and Community Supervision

## **INMATE GRIEVANCE PROGRAM**

## **SUPERINTENDENT**

 <b>Corrections and Community Supervision</b>  <b>INMATE GRIEVANCE PROGRAM</b>  <b>SUPERINTENDENT</b>	GRIEVANCE NO.	DATE FILED
	SPT-61960-16	3/18/2016
	FACILITY	POLICY DESIGNATION
	Southport Correctional Facility	
TITLE OF GRIEVANCE OMH Medication Issue.	CLASS CODE -I- 50	
SUPERINTENDENT'S SIGNATURE 	DATE 3/21/16	
GRIEVANT Robinson, Latee	DIN 06-A-1498	HOUSING UNIT C-10-12

Cell Location at time of grievance: C-10-12

## **SUPERINTENDENT'S RESPONSE**

The Office of Mental Health (OMH) is a separate entity, not under the jurisdiction of the Department of Corrections and Community Supervision (DOCCS). In accordance with Directive #4040, Section 701.3 (e) and (f) your complaint is being forwarded to the Unit Chief of the Office of Mental Health (OMH) for whatever remedial action is deemed appropriate. The Superintendent's response completes the IGP process and there is no further appeal available.

ANSWERED MAR 22

SENT

MAR 22 2016

## **SOUTHPORT GRIEVANCE**

## APPEAL STATEMENT

If you wish to refer the above decision of the Superintendent, please sign below and return to the Inmate Grievance Clerk. You have seven (7) calendar days from receipt of this notice to file your appeal.\* Please state why you are appealing this decision to C.O.R.C.

**Grievant's Signature**

Date

**Grievance Clerk's Signature**

Date

\*An exception to the time limit may be requested under Directive 4040, Section 701.6(g).

Offender Grievance complaint #61960  
Southport Correctional Facility

Offender Latree, Robinson #06A1498, c-10-12 cell date 3-17-16 Description for problem on 3-10-16 medical Doctor assistance request name identify examine grievant received information by medical doctor stated discontinued mental health medication in November 2015 was the cause me receiving the body rash, Soatsness in mouth, genitals and body and pains in bodies the main reason of complaint mental health medical Doctor failure to warn me and neglect to investigate to medication to cause danger to mine health and life. I want unable to eat and drink liquid.

Latree, Robinson #06A1498

Action requested by Latree, Robinson #06A1498 wants witness investigated with medical doctor at Walsh Mohawk F.I, outside hospital inpatient and mental health doctor here Southport C.F.I

RECEIVED

MAR 18 2016

SOUTHPORT GRIEVANCE

 <b>Corrections and Community Supervision</b>	GRIEVANCE NO.	DATE FILED
	SPT-62611-16	6/16/2016
<b>INMATE GRIEVANCE PROGRAM</b>  <b>SUPERINTENDENT</b>	FACILITY	POLICY DESIGNATION
	Southport Correctional Facility	
<b>GRIEVANT</b>  <b>Robinson, Latee</b>	TITLE OF GRIEVANCE Disagrees With Current Medical Care.	CLASS CODE
		-I- 22
<b>GRIEVANT</b>  <b>Robinson, Latee</b>	SUPERINTENDENT'S SIGNATURE	DATE
	<i>M. Skoda Sept</i>	7/15/16
	DIN	HOUSING UNIT
	06-A-1498	C-10-12

Cell Location at time of grievance: C-10-12

**SUPERINTENDENT'S RESPONSE**

Upon full hearing of the facts and circumstances in the instant case, the action requested herein is hereby accepted in part. Upon the completion of the investigation it has been determined that the grievant claims that he was given Tavist to restore what he claims is loss of his sense of smell and taste. The Nurse Administrator reviewed the grievant's medical record from the date of 12/14/15 to present. The medical record does not indicate that the grievant has ever complained of loss of taste or the ability to smell. This includes evaluations by 4 consulting doctors at the Arnot Ogden Medical Center and one dermatologist from Walsh RMU. There are no indications that the grievant claims are related to an episode of drug reaction that occurred on or around 12/14/15 to the drug called Tegretol. The grievant was seen by PA O... on 4/28/16 during the provider's call out. The grievant was evaluated for his complaints of pain and the provider stopped the medication Relafen. The provider started the medication Indocin 25mg 3 times a day that the grievant is presently ordered. The grievant has been continued on Flexeril 10mg at night as ordered by Dr. C... on 12/28/15. The grievant was seen by Dermatology on 3/10/16 and was ordered Kenalog cream and Eucerin cream for a resolving case of Steven Johnson Syndrome. The medication was last refilled on 6/20/16. The nursing staff has not reported any return of a rash that the grievant was treated for starting 12/14/15. The grievant requested a front cuff order on 6/1/16. The nurse noted good range of motion and the provider did not feel that a front cuff permit was indicated. The grievant claimed on 6/20/16 that the pain medications only relieved his complaints of pain minimally. The provider was made aware and did not feel that a change of medication was indicated at that time. The grievant is currently on the providers callout list for a routine follow up and will be seen in turn. The grievant is encouraged to discuss his medical concerns when seen by the provider.

**SENT**

JUL 06 2016

**APPEAL STATEMENT      SOUTHPORT GRIEVANCE**

If you wish to refer the above decision of the Superintendent, please sign below and return to the Inmate Grievance Clerk. You have seven (7) calendar days from receipt of this notice to file your appeal.\* Please state why you are appealing this decision to C.O.R.C.

the medical doctors, medical physician assistants, medical registered nurses and dermatology undocumented reason to discontinued psychiatric medication Tegretol, order for medical medication Flexeril, Indocin, Eucerin cream, Kenalog cream, and unexplained about Steven Johnson Syndrome to the grievant and undocumented grievant conditions and their grievant other condition affect to complain  
fall in Roberta 06A1498 7-6-16

Grievant's Signature

*Anthony Skoda*

Grievance Clerk's Signature

A	APPEALER	D
JUL 07 2016		
Date	7-16	Date
1040, Section 741-6(a) CORR FAC GRIEVANCE OFFICE		



ANDREW M. CUOMO  
Governor

## Corrections and Community Supervision

ANTHONY J. ANNUNCI  
Acting Commissioner

To: Robinson, L. 06A1498 C-10-12

From: S. King IGPS

Subject: Letter dated 7/10/16 & 7/13/16

Date: 07/15/16

I made rounds on 07/13/16, I announced myself on the gallery. As I approached your cell your blanket was up and you made no attempt to take it down to speak with me. I left a copy of grievance SPT-62467-16 IGRC decision. Also because of your continued rude remarks as I make rounds for the entire gallery to hear will stop. As for your other grievances see list below.

SPT-62776-16 Investigation of SPT-62611-16 was filed 7/11/16 per directive #4040 we have 16 days for regular grievance to investigate and respond.

SPT-62748-16 Problems with Penis filed 7/6/16 still pending investigation

SPT-62747-16 Wants Refills filed 7/6/16 still pending investigation

SPT-62741-16 Improper investigation was filed on 7/5/16 the answer was mailed out 7/12/16

SPT-62738-16 Put up Mail While Grievant Sleeps was filed 7/5/16 the answer was mailed to you on 7/12/16

SPT-62737-16 Not Receiving Disbursement Receipts was filed 7/5/16 answer sent out 7/14/16.

SPT-62675-16 Denied Address filed 6/27/16 is still pending investigation.

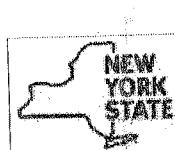
SPT-62624-16 Disagrees with Grievance Investigation filed on 6/20/16 answer sent to you 7/12/16

SPT-62611-16 Disagrees with Current Medical Care was filed on 6/16/16 and it was sent to CORC on 7/7/16.

Grievant receives one copy of first page of grievance as his receipt. Then he receives one copy at each level of the appeal process. Any additional copies he needs he can request from FOIL.

A handwritten signature in black ink that reads "S. King IGPS".

S. King IGPS


**Corrections and  
Community Supervision**
**INMATE GRIEVANCE PROGRAM**
**SUPERINTENDENT**
**GRIEVANT**

Robinson, Latee

GRIEVANCE NO.		DATE FILED
SPT-62432-16		5/23/2016
FACILITY		POLICY DESIGNATION
Southport Correctional Facility		
TITLE OF GRIEVANCE		CLASS CODE
Itchy.		-I- 22
SUPERINTENDENT'S SIGNATURE		DATE
<i>M. Stark, Supt</i>		6/16/16
DIN	HOUSING UNIT	
06-A-1498	C-10-12	

Cell Location at time of grievance: C-10-12

**SUPERINTENDENT'S RESPONSE**

Upon full hearing of the facts and circumstances in the instant case, the action requested herein is hereby accepted in part. Upon the completion of the investigation it has been determined that the heat was turned off on 5/24/16 which is later than usual due to the cold night weather. Medical does not control when the heat is turned on and off. Specific conditions by the state determines this and is enforced by security. Furthermore, the Grievant was diagnosed with Steven Johnson Syndrome after taking Tegretol in December of 2015. The grievant was seen by Dermatology on 3/1/16 with the Steven Johnson Syndrome being resolved. The grievant continued to have Residual Puritis or itching and was provided with medication at this time. The grievant has complained of dry skin and noted that the lotion had helped. The grievant has been using Eucerin lotion and Kenalog ointment for his dry skin. Noting on 6/3/16 that the grievant noted the lotion helps with his "itching skin". The grievant had been seen by the medical provider 4/28/16. At this time he asked to have his pain medications changed. The grievant was taken off of Relafen and started on Indocin 25mg three times a day for pain. He continues to use Flexeril at bed time. There has been no documentation that the medication is not helping the grievant manage his pain and the grievant has been refilling his medication. On 4/28/16 during call outs it was noted that the grievant's nasal mucosa was red and swollen. This suggested allergies. The grievant drafted in on 9/25/16 on no allergy medication at that time. On 4/28/16 the grievant was started on Claritin 10mg daily. The grievant has a history of dairy intolerance so prescribing Lactase to be taken with dairy products would be an appropriate action. It is also noted that the grievant arrived at Southport CF prescribed with Lactase. The grievant is encouraged to continue to use sick call to address his medical issues and concerns.

**SENT**

JUN 17 2016

**SOUTHPORT GRIEVANCE**
**APPEAL STATEMENT**

If you wish to refer the above decision of the Superintendent, please sign below and return to the Inmate Grievance Clerk. You have seven (7) calendar days from receipt of this notice to file your appeal.\* Please state why you are appealing this decision to C.O.R.C.

Jatev, Robinson

Grievant's Signature

Antonia Hunter

Grievance Clerk's Signature

<b>APPEALED</b>
JUN 20 2016
SOUTHPORT CORR FAC GRIEVANCE OFFICE

6-17-16

Date

6-20-16

Date

\*An exception to the time limit may be requested under Directive #00000000000000000000000000000000

Handwritten

## Inmate Grievance complaint

## Southport Correctional Facility

Inmate Lattee Robinson #06A1498, c-10-12 ccd date 6-28-16 Description for problem Failure to explain to grievant condition injuries damage cause to side effect psychiatric medication Name tegretol by medical register nurses, medical physician assistants, and medical doctors here Southport C.F., and by medical register nurses, medical doctors and medical specialist at arnot ogden medical center 600 Roe Ave Elmira, NY 14905, and by medical register nurses, medical doctors and medical specialist at suny upstate medical university hospital 750 East Adams street Syracuse, NY 13210. While the grievant in the custody Southport C.F.

Lattee, Robinson #06A1498

Action requested by Inmate Lattee, Robinson #06A1498 the grievant wants the names, titles, dates, to discovery psychiatric medication Name tegretol the cause to side effect injuries and damages condition to the grievant to continue to suffer in the past, present, and future by medical treatment team here Southport Correctional Facility medical <sup>department</sup> ~~department~~ P.O. Box 2000 Pine City, NY 14871, and by medical treatment team at arnot ogden medical center 600 Roe Ave Elmira, NY 14905, and by medical treatment team at suny upstate medical university hospital 750 East Adams Street Syracuse, NY 13210 each individual or officials to be interviewed and investigated

**SOUTHPORT CORRECTIONAL FACILITY**

**INMATE GRIEVANCE OFFICE**

**Ms. S. King**

**Ms. H. Martin**

**IGP SUPERVISORS**

TO: Robinson, Latee 06A1498 C-10-12

FROM: Ms. S. King, IGP Supervisor  
Ms. H. Martin, IGP Supervisor

DATE: June 29, 2016

RE: Late Grievance

---

Mr. Robinson;

Your complaint is being returned to you for the following reason(s):

Per Dir. 4040, grievance must be filed within 21 calendar days of the alleged incident. It has been determined that the issues in your complaint are past the allotted time frames. As such, your grievance will not be processed and is being returned to you.

Additionally, grievant is reminded that filing multiple grievance complaints concerning the same issue(s) is not "Good Faith" utilization of the Inmate Grievance Resolution Committee. Records indicate this topic has been addressed in several previously filed complaints.

The IGP Supervisor may grant an exception to the time limit for filing a grievance based on mitigating circumstances (e.g., timely attempts to resolve a complaint informally by the inmate, etc.). An exception to the time limit may not be granted more than 45 days after an alleged occurrence.

*S. King JG85*  
Ms. S. King, IGP Supervisor  
Ms. H. Martin, IGP Supervisor

Cc:/ File  
W/P - IGRC MEMO'S

SOUTHPORT CORRECTIONAL FACILITY  
INMATE GRIEVANCE OFFICE

Ms. S. King

Ms. H. Martin

IGP SUPERVISORS

TO: Robinson, Latee DIN# 06A1498 C-10-12

FROM: Ms. S. King, IGP Supervisor  
Ms. H. Martin, IGP Supervisor

DATE: May 2, 2016

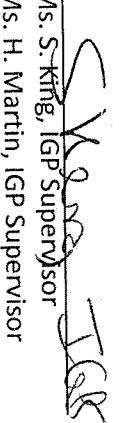
RE: DISMISSAL OF SPT-62218-16:

Mr. Robinson;

A review of SPT-62218-16 shows that it was properly dismissed and closed in accordance with Dir. 4040, 701.5 Procedures, Section 4, sub-section (a). The grievant has made no effort to resolve the complaint through existing channels.

Grievant is advised that he should have addressed this matter with the Area Supervisor before he filed a grievance on this matter.

SPT-62218-16 is deemed dismissed and closed.

  
Ms. S. King, IGP Supervisor  
Ms. H. Martin, IGP Supervisor

Cc:/ File  
W/P - IGRM MEMOS



**Corrections and  
Community Supervision**

ANDREW M. CUOMO  
Governor

ANTHONY J. ANNUNZIATO  
Acting Commissioner

To: Robinson, Latee 06A1498 C-10-12  
From: H. Martin, IGPS   
Subject: Dismissal Review- SPT-61962-16

Date: March 28, 2016

Upon review, I have determined that your grievance was properly dismissed and closed by the IGRC in accordance with Directive #4040, Part 701.5.

You have not provided me with any information and/or documentation that would necessitate the reinstatement of your grievance. As such, your request to have your grievance reopened and returned to the IGRC for response is denied.



ANDREW M. CUOMO  
Governor

## Corrections and Community Supervision

ANTHONY J. ANNUNCI  
Acting Commissioner

### Southport Correctional Facility Medical Department HIPAA

To: Robinson, Latee Din: 06A1498 Location: C-10-12

From: M. Gould, RN II

We received your letter dated 4/4/2016 requesting medication information and dates related to Dr. Gonzalez. You need to request this information through Mental Health.

M. Gould, RN II 4/6/2016



ANDREW M. CUOMO  
Governor

Corrections and  
Community Supervision

ANTHONY J. ANNUNCI  
Acting Commissioner

C-10-12

Southport Correctional Facility Medical Department HIPAA

To: ROBINSON LATEE Din: 06A1498 Location: ~~B-11-20~~

From: M. DeLauro RN II

We received your letter dated 5/9/2016 requesting copies of your sick call slips. Your request will be processed in a timely manner.

I received your foil request for sick call slips from Oct 2015 to Dec 2015.

Question: Are you seeking from Oct 1<sup>st</sup> 2015 to Dec 1<sup>st</sup> 2015? Please clarify exact dates in a response letter to the Nurse Administrator / Infirmary.

M. DeLauro RN II 5/11/2016



## Corrections and Community Supervision

ANDREW M. CUOMO  
Governor

ANTHONY J. ANNUCCI  
Acting Commissioner

### Southport Correctional Facility Medical Department

To: ROBINSON, LATEE Din: 06A1498 Location: C-10-12

From: M. DeLauro RN II

We received your letter dated 5/15/2016 requesting *a viewing* of your *medical sick call slips*.

**About this FOIL event:**

- Sick call slips are not part of the medical record, therefore this is a FOIL event.
- Sick call slips are kept in storage and the process of sorting / compiling the sick call slips is anticipated to be time consuming.
- We will call you out to view as soon as possible. We expect delays in this process.

**Your name has been added to the call out list.**

**M. DeLauro RN II 5/18/2016**



# Corrections and Community Supervision

**ANDREW M. CUOMO**  
Governor

**ANTHONY J. ANNUCCI**  
Acting Commissioner

To: ROBINSON, L 06A1498 C-10-12

From: F.O.I.L. OFFICE

Re: Freedom of Information Law (F.O.I.L.) Request - 16-04-258

Date: 04-26-16

- ✓ This is to acknowledge our receipt of your Freedom of Information Law request for records.
- ✓ The collection, review and processing of documents can be time consuming and generally takes up to 20 business days to complete. Additional time may be required, in which case you will be notified.

Your Freedom of Information Law (F.O.I.L.) request has been handled in the following manner:

Your request has been denied/denied in part/redacted\* for the following reasons:

- \_\_\_\_ Specifically exempted from disclosure by State or Federal statute. [POL § 87 (2) (a)]
- \_\_\_\_ Would constitute an unwarranted invasion of personal privacy. [POL §87 (2) (b)]
- \_\_\_\_ Are compiled for law enforcement and if disclosed would (i) interfere with an investigation/judicial proceeding; or (ii) identify a confidential source or disclose confidential information; or (iv) reveal non-routine investigative techniques or procedures. [POL §87 (2) (e)]
- \_\_\_\_ Could endanger the life or safety of any person. [POL §87 (2) (f)]
- \_\_\_\_ Inter-agency or intra-agency materials which are not [POL § 87 (2) (i) statistical or factual tabulations or data or (iii) final agency policy or determinations. [POL §87 (2) (g)]

**Other:**

It is a question that requires the preparation of an answer not the production of a record. [POL §86 (4)]  
 Record could not be located as described, be specific. [POL §89 (3) (a)]  
 Mental Health records are controlled by Mental Hygiene Law. You must request them directly from OMH.  
 Rap sheet: Request must be sent directly to NYS Division of Criminal Justice Services.  
 Presentence/Probation Report (“PSR”): Pursuant to CPL §390.50 (1), request must be sent directly to the sentencing court or Probation Department that prepared your PSR.  
 You may write to the Medical Department directly to request medical records.

Reference Directive #2010, FOIL/Access to Departmental Records, which references Public Officers Law ("POL") Sections 86-89

You may appeal this decision by writing to the following address:  
Office of Counsel, NYSDOCCS, The Harriman State Office Campus, 1220 Washington Avenue, Albany, NY 12226

cc: file



## Corrections and Community Supervision

ANDREW M. CUOMO  
Governor

ANTHONY J. ANNUNCI  
Acting Commissioner

To: ROBINSON, L 06A1498

C-10-12

From: F.O.I.L. OFFICE

Re: Freedom of Information Law (F.O.I.L.) Request - 16-04-286

Date: 05-04-16

✓ This is to acknowledge our receipt of your Freedom of Information Law request for records.

✓ The collection, review and processing of documents can be time consuming and generally takes up to 20 business days to complete. Additional time may be required, in which case you will be notified.

### Your Freedom of Information Law (F.O.I.L.) request has been handled in the following manner:

- Your request for \_\_\_\_\_ has been forwarded to \_\_\_\_\_ for processing.
- The documents you requested do not exist at this facility.
- X The documents were redacted (\*) in accordance with Directive #2010/POL, §87(2)(f), See below.  
Please forward an authorized, completed disbursement marked IRC/FOL for \$0.50 to the Inmate Accounts Office.  
(No Advance forms.) Upon confirmation of payment the copies will be forwarded to you. [POL §87 (1) (b) (iii)]  
(FOR COPY OF GRIEVANCE AND SUPT. RESPONSE)
- Your disbursement was received for your FOIL request. Upon confirmation of payment from Inmate Accounts, the copy will be forwarded to you. [POL §87 (1) (b) (iii)]
- The \_\_\_\_\_ have been forwarded to your Offender Rehab Coordinator for your review and return.
- Enclosed:

### Your request has been denied/denied in part/redacted\* for the following reasons:

- Specifically exempted from disclosure by State or Federal statute. [POL § 87(2)(a)]
- Would constitute an unwarranted invasion of personal privacy. [POL §87 (2) (b)]
- Are compiled for law enforcement and if disclosed would (i) interfere with an investigation/judicial proceeding; or (ii) identify a confidential source or disclose confidential information; or (iv) reveal non-routine investigative techniques or procedures. [POL §87 (2)(e)]
- X Could endanger the life or safety of any person. [POL §87 (2) (f)]
- Inter-agency or intra-agency materials which are not (1) statistical or factual tabulations or data or (3) final agency policy or determinations. [POL §87 (2)(g)]

### Other:

- It is a question that requires the preparation of an answer not the production of a record. [POL §86 (4)]
- Record could not be located as described. be specific. [POL §89 (3) (a)]



## Corrections and Community Supervision

ANDREW M. CUOMO  
Governor

ANTHONY J. ANNUCI  
Acting Commissioner

To:  
ROBINSON, L

06A1498

C-10-12

From: F.O.I.L. OFFICE

Re: Freedom of Information Law (F.O.I.L.) Request - 16-04-286

Date: 05-09-1

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✓ This is to acknowledge our receipt of your Freedom of Information Law request for records.

✓ Late correction, review and processing of documents can be time consuming and generally takes up to 20 business days to complete. Additional time may be required, in which case you will be notified.

Your Freedom of Information Law (F.O.I.L.) request has been handled in the following manner:

Your request for    has been forwarded to for processing.  
The documents you requested do not exist at this facility.  
The documents were redacted (\*) in accordance with Directive #2010/POL, §87 (2) ( ). See below.  
Please forward an authorized, completed disbursement marked IRC/FOIL for \$    to the Inmate Accounts Office.  
(No Advance forms.) Upon confirmation of payment the copies will be forwarded to you. [POL §87 (1) (b) (iii)]  
Your disbursement was received for your FOIL request. Upon confirmation of payment from Inmate Accounts, the copy will  
be forwarded to you. [POL §87 (1) (b) (iii)]  
The    have been forwarded to your Offender Rehab Coordinator for your review and return.  
X  
Enclosed: 2 PAGES OF GRIEVANCE PAPER WORK

Your request has been denied/redacted\* for the following reasons:

Specifically exempted from disclosure by State or Federal statute. [POL § 87(2)(a)] Would constitute an unwarranted invasion of personal privacy. [POL § 87(2)(b)] Are compiled for law enforcement and if disclosed would (i) interfere with an investigation/judicial proceeding; or (ii) identify a confidential source or disclose confidential information; or (iv) reveal non-routine investigative techniques or procedures. [POL §87(2)(e)] Could endanger the life or safety of any person. [POL §87(2)(f)] Inter-agency or intra-agency materials which are not (1) statistical or factual tabulations or data or (3) final agency policy or determinations. [POL §87(2)(g)]

Other:

It is a question that requires the preparation of an answer not the production of a record. [POL §86 (4)] Record could not be located as described, be specific. [POL §89 (3) (a)] Mental Health records are controlled by Mental Hygiene Law. You must request them directly from OMH.

**Central New York Psychiatric Center**

Mental Health Unit at Southport Correctional Facility  
236 Bob Masia Drive, Post Office Box 2000, Pine City, NY 14871  
Phone: (607)737-0850, Ext. 1200 Fax: (607)737-0864



Memorandum

TO: Mr. Robinson DIN: 06A1498

From L. Peffer

DATE: April 28, 2016

Subject: Request for Access Request of your mental Health Record

This letter is to inform you that our office has received your request for access to your mental health record on April 18, 2016. Your record is now being reviewed, and a determination concerning access under Mental Health Law. Section 33.16 will be made shortly. Mental Health does not release records through requests under F.O.I.L. Be advised that the copies requested after review are charged at \$0.75 per page/

To clarify your request, The VTC sessions with the Psychiatrist are not recorded and therefore can't be requested. Additionally, Mental Health can not provide you with medical information such as sick call, etc. Please write to DOCCS Medical for that information. Lastly, we can not provide you with the names of individual staff in a facility. You will have to direct that request to the following address:

Central New York Psychiatric Center  
9005 Old River Road, Marcy, NY 13403  
ATTN: FOIL Request

You will be informed of our decision within a few days.

cc: clinical record



**ANDREW M. CUOMO**  
Governor

**ANN MARIE T. SULLIVAN, M.D.**  
Commissioner

**DEBORAH J. MCCULLOCH**  
Executive Director

April 25, 2016

Mr. Latee Robinson  
DIN# 06A1498  
Southport Correctional Facility  
P.O. Box 2000  
Pine City, New York 14871

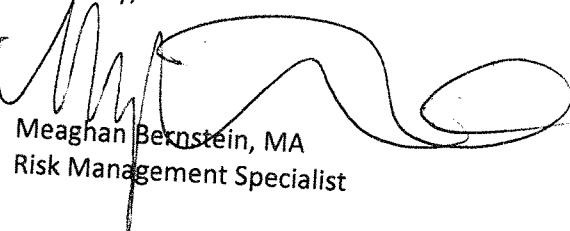
Dear Mr. Robinson:

Your letters dated March 21, 2016, April 10, 2016, and April 11, 2016 addressed to the Executive Director, Acting DOCCS Commissioner, and Central New York Psychiatric Center have been forwarded to the Risk Management Department for review and response.

This office has been in contact with OMH staff at Southport CF and was informed that you were recently seen for mental health evaluations and will continue to be seen per policy. Additionally, we were informed that you received information regarding your medications during this time. Please understand that medication management is addressed at the facility level by prescribers. This office encourages you to continue working with your assigned treatment team to address your personal concerns.

I hope this information is helpful.

Sincerely,



Meaghan Bernstein, MA  
Risk Management Specialist

CC: Unit Chief Southport CF  
File

TO: Robinson, L. 06A1498 C-10-12  
FROM: OMH - Ms. Gilmore, LMSW-2  
RE: Information you requested  
DATE: March 29, 2016

---

Mr. Robinson:

Enclosed is the information on your medications' side effects. Also, your psychiatrist is Dr. Jose Gonzalez; your medications are Trazodone 300mg po P.M. and Remeron 45mg po P.M. Your Remeron appears to have started on December 14, 2015 and your Trazodone appears to have started on 02/29/2016.

Thank you.

## Carbamazepine - Tegretol

DrugPoint® Summary

First prescribed on 10/9/15  
 Then on 12/14/15 2x a day  
 200 mg in the AM  
 400 mg in the PM

**MEDICATION SAFETY****Adverse Effects****Common**

- **Cardiovascular:** Hypotension
- **Dermatologic:** Pruritus (8% ), Rash (7% )
- **Gastrointestinal:** Constipation (10% ), Nausea (29% ), Vomiting (18% ), Xerostomia (8% )
- **Neurologic:** Asthenia (8% ), Ataxia (15% ), Dizziness (44% ), Somnolence
- **Ophthalmic:** Blurred vision (6% ), Nystagmus

**Serious**

- **Cardiovascular:** Atrioventricular block, Cardiac dysrhythmia, Congestive heart failure, Eosinophilic myocarditis, Hypersensitivity, Syncope
- **Dermatologic:** Stevens-Johnson syndrome, Toxic epidermal necrolysis
- **Endocrine metabolic:** Hypocalcemia, Hyponatremia (4% to 21.7% ), Water intoxication syndrome
- **Gastrointestinal:** Pancreatitis
- **Hematologic:** Agranulocytosis, Aplastic anemia, Bone marrow depression, Eosinophilia, Leukopenia, Pancytopenia, Thrombocytopenia
- **Hepatic:** Hepatitis, Hepatotoxicity, Liver failure, Vanishing bile duct syndrome
- **Immunologic:** Drug hypersensitivity syndrome
- **Neurologic:** Acute intermittent porphyria
- **Renal:** Azotemia, Renal failure
- **Respiratory:** Pulmonary hypersensitivity
- **Other:** Angioedema

**Last Modified: March 08, 2016**

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356 MED CNYPC (7/14)

<b>PSYCHIATRIC PROGRESS NOTE</b>		Patient's Name: (Last, First, M.I.) Robinson, Latee Date of Birth: 04 - 23 - 1978 Unit/ Ward: Southport correctional facility Facility Name: CENTRAL NEW YORK PSYCHIATRIC CENTER	C#: 192008 DIN#: 06A 1498
<b>Instructions:</b>		Completed when indicated by the prescriber. Enter date and time of service. Document program ( ie RCTP, ICP etc.) if in outpatient service.	
<b>Date &amp; Time</b>  10 - 19 - 2015 VTC	<b>Program</b>  SHU	<b>MED15 DIAGNOSES:</b> <b>Mental Health: IED, ASPD</b>  <b>Physical Health: lactose intolerant</b>	<b>THIS INFORMATION IS BEING RELEASED UNDER THE PROVISIONS OF NEW YORK STATE MENTAL HYGIENE LAW, SECTION 33.16. CENTRAL NEW YORK PSYCHIATRIC CENTER ACCEPTS NO RESPONSIBILITY FOR THE INFORMATION IS REDISCLOSED TO THE OTHER PERSONS OR AGENCIES.</b>
		<b>CHIEF COMPLAINT AND CURRENT ISSUES:</b> (Include complaints, preoccupations, worries, issues, etc.)  "I got 8 years of Shu time for threatening and assault. I get angry a lot. These medications are not helping me at all." The patient is currently on BuSpar, Zyprexa, Remeron and trazodone for his anger issues. The patient feels these medications of not been effective for his anger issues. The patient feels that the Remeron and trazodone have been mildly helpful for his depression and sleep. We did discuss treatment options and plans. We talked about the pros and cons of treatment and the possible side effects of medications. The patient denies any history of any psychiatric hospitalizations. The patient states a history of 8 suicide attempts. The patient denies any history of outpatient mental health treatment. The patient states a history of 4 arrests.	
<b>CHANGES IN MEDICAL STATUS:</b> (lab work, etc.)  NKDA. The patient states he is lactose intolerant.			
<b>MENTAL STATUS EXAMINATION AND CHANGES:</b> (Include stable/not stable, response or lack of response to treatment, improving (or not); decompensating)  The patient is alert, active, verbal and cooperative. The patient denies any auditory or visual hallucinations. The patient does not exhibit any delusions. The patient denies any suicidal or homicidal ideation, intent or plan. The patient does not exhibit any symptoms of mania. The patient denies any symptoms of anxiety or of panic. The patient denies any symptoms of depression. The patient complains of chronic anger/rage episodes.			
<b>ASSESSMENT OF SUICIDE RISK:</b> (Describe suicide risk warning signs/triggers (IS PATH WARM, Prison Based or Individual) which are present or indicate none are present)  No acute warning signs of suicide.			
<b>ASSESSMENT/CURRENT DIAGNOSTIC IMPRESSION/PLAN:</b> (Include changes to diagnoses and/or treatment options. Indication for each psychiatric medication must be documented here, below in the Medication section or in the Physician Orders):  The patient complains of chronic anger/rage episodes which will be treated with Tegretol. The patient feels that the Remeron and trazodone have been mildly effective for his depressive symptoms and we will continue it at these doses. We will continue supportive therapy to help treat his anger/rage episodes. We will continue to teach him new coping strategies. We will observe for any behavioral changes.			

## PSYCHIATRIC PROGRESS NOTE

Patient's Name (Last, First, M.I.) Robinson, Latee	DIN#06A 1498	C#192008
	(Continuation)	

**MEDICATIONS:**

**List of all current psychiatric and medical medications:** (Include all current medications from transferring unit/facility including medical meds at the first visit after transfer. For subsequent notes, list all psychiatric meds and any changes to medical meds made since admission to this unit). Include dose and frequency for each psychiatric medication listed.

**Psychiatric Medications:**

1. Stop BuSpar, Zyprexa and Remeron
2. Continue trazodone 300 mg PO in PM until 01 – 17 – 2016
3. Start Remeron 45 mg PO in PM until 01 – 17 – 2016
4. start Tegretol 20 mg PO b.i.d. until 01 – 17 – 2016 (Tegretol blood levels ordered)

**Medical Medications:**

1. Prilosec, lactase, Norvasc, Lipitor, Vasotec, hydrochlorothiazide
- 2.
- 3.
- 4.

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IF THE INFORMATION IS REDISCLOSED  
TO THE OTHER PERSONS OR AGENCIES

**MEDICATION EDUCATION PROVIDED:** (check when provided):  X

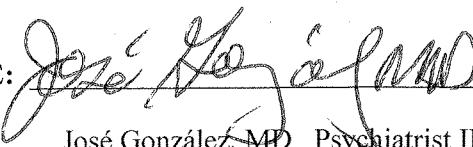
**ADDITIONAL INFORMATION:**

Based on new information all previous diagnoses will be deleted. The new diagnoses are intermittent explosive disorder and ASPD.

**FOLLOW UP (Indicate next appointment):**

4 to 6 weeks and PRN

**SIGNATURE/TITLE:**



10 – 19 – 2015 VTC

José González, MD Psychiatrist II

356 MED CNYPC (7/14)

<b>PSYCHIATRIC PROGRESS NOTE</b>		Patient's Name: (Last, First, M.I.) Robinson, Latee Date of Birth: 04 - 23 - 1978 Unit/ Ward: Southport correctional facility Facility Name: CENTRAL NEW YORK PSYCHIATRIC CENTER	C#: 192008 DIN#: 06A 1498
<b>Instructions:</b>		Completed when indicated by the prescriber. Enter date and time of service. Document program ( ie RCTP, ICP etc.) if in outpatient service.	
<b>Date &amp; Time</b> 12 - 07 - 2015 VTC	<b>Program</b> SHU	<p><b>MED15 DIAGNOSES:</b> <b>Mental Health: IED, ASPD</b></p> <p><b>Physical Health: lactose intolerant</b></p> <p><b>CHIEF COMPLAINT AND CURRENT ISSUES:</b> (Include complaints, preoccupations, worries, issues, etc.)</p> <p>The patient was a no-show for his psychiatric appointment due to DOCCS security issues. We will reschedule another psychiatric appointment as soon as possible. The patient is currently on trazodone 300 mg PO in PM, Remeron 45 mg PO in PM and Tegretol 200 mg PO b.i.d. until 01 - 17 - 2016.</p> <p><i>Jose Henry alg MD</i></p>	
<b>CHANGES IN MEDICAL STATUS:</b> (lab work, etc.)			
<b>MENTAL STATUS EXAMINATION AND CHANGES:</b> (Include stable/not stable, response or lack of response to treatment, improving (or not); decompensating)			
<b>ASSESSMENT OF SUICIDE RISK:</b> (Describe suicide risk warning signs/triggers (IS PATH WARM, Prison Based or Individual) which are present or indicate none are present)			
<b>ASSESSMENT/CURRENT DIAGNOSTIC IMPRESSION/PLAN:</b> (Include changes to diagnoses and/or treatment options. Indication for each psychiatric medication must be documented here, below in the Medication section or in the Physician Orders):			
<p><b>MEDICATIONS:</b></p> <p><b>List of all current psychiatric and medical medications:</b> (Include all current medications from transferring unit/facility including medical meds at the first visit after transfer. For subsequent notes, list all psychiatric meds and any <u>changes</u> to medical meds made since admission to this unit). Include dose and frequency for each psychiatric medication listed.</p> <p><b>Psychiatric Medications:</b></p> <ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> </ol>			
<p>THIS INFORMATION IS BEING RELEASED UNDER THE PROVISIONS OF NEW YORK STATE MENTAL HYGIENE LAW, SECTION 33.16. CENTRAL NEW YORK PSYCHIATRIC CENTER ACCEPTS NO RESPONSIBILITY IF THE INFORMATION IS REDISCLOSED TO THE OTHER PERSONS OR AGENCIES.</p>			

## PSYCHIATRIC PROGRESS NOTE

Patient's Name (Last, First, M.I.)	DIN#	C#
		(Continuation)

**Medical Medications:**

- 1.
- 2.
- 3.
- 4.

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33.16. CENTRAL NEW YORK PSYCHIATRIC  
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TO THE OTHER PERSONS OR AGENCIES.

**MEDICATION EDUCATION PROVIDED:** *(check when provided):* \_\_\_\_\_

**ADDITIONAL INFORMATION:**

**FOLLOW UP** *(Indicate next appointment):*

**SIGNATURE/TITLE:** \_\_\_\_\_

José González, MD Psychiatrist II

356 MED CNYPC (7/14)

<b>PSYCHIATRIC PROGRESS NOTE</b>		Patient's Name: (Last, First, M.I.) Robinson, Latee Date of Birth: 04 - 23 - 1978 Unit/ Ward: Southport correctional facility Facility Name: CENTRAL NEW YORK PSYCHIATRIC CENTER	C#: 19 2008 DIN#: 06A 1498
<b>Instructions:</b>		Completed when indicated by the prescriber. Enter date and time of service. Document program ( ie RCTP, ICP etc.) if in outpatient service. <b>THIS INFORMATION IS BEING RELEASED</b>	
<b>Date &amp; Time</b> 12 - 14 - 2015 VTC	<b>Program</b> SHU	<p><b>MED15 DIAGNOSES:</b> <b>Mental Health: IED, ASPD</b></p> <p><b>Physical Health: lactose intolerance</b></p> <p><b>CHIEF COMPLAINT AND CURRENT ISSUES:</b> <i>(Include complaints, preoccupations, worries, issues, etc.)</i> "I still feel angry at times." The patient is currently on trazodone, Remeron and Tegretol. The patient feels he is still having anger/rage episodes and that the Tegretol is not fully effective. We did discuss treatment options and plans. We talked about the pros and cons of treatment and the possible side effects of medications. On 10 - 27 - 2015 the patient's Tegretol level was 7.3.</p> <p><b>CHANGES IN MEDICAL STATUS:</b> <i>(lab work, etc.)</i> None</p> <p><b>MENTAL STATUS EXAMINATION AND CHANGES:</b> <i>(Include stable/not stable, response or lack of response to treatment, improving (or not); decompensating)</i> The patient is alert, active, verbal and cooperative. The patient denies any auditory or visual hallucinations. The patient does not exhibit any delusions. The patient denies any suicidal or homicidal ideation, intent or plan. The patient does not exhibit any symptoms of mania. The patient denies any symptoms of anxiety or of panic. The patient denies any symptoms of depression. The patient complains of anger/rage episodes.</p> <p><b>ASSESSMENT OF SUICIDE RISK:</b> <i>(Describe suicide risk warning signs/triggers (IS PATH WARM, Prison Based or Individual) which are present or indicate none are present)</i> No acute warning signs of suicide.</p> <p><b>ASSESSMENT/CURRENT DIAGNOSTIC IMPRESSION/PLAN:</b> <i>(Include changes to diagnoses and/or treatment options. Indication for each psychiatric medication must be documented here, below in the Medication section or in the Physician Orders):</i> The patient feels that the trazodone and Remeron help treat his depressive symptoms and we will continue them at these current doses. The patient complains of anger/rage episodes which will be treated with an increase in the Tegretol as it is currently sub therapeutic. Tegretol blood level levels were ordered. We will continue supportive therapy to help treat his symptoms of depression and anger/rage episodes. We will continue to teach him new coping strategies. We will observe for any behavioral changes.</p>	<b>UNDER THE PROVISIONS OF NEW YORK STATE MENTAL HYGIENE LAW, SECTION 33.16. CENTRAL NEW YORK PSYCHIATRIC CENTER ACCEPTS NO RESPONSIBILITY IF THE INFORMATION IS REDISCLOSED TO THE OTHER PERSONS OR AGENCIES.</b>

## PSYCHIATRIC PROGRESS NOTE

Patient's Name (Last, First, M.I.) Robinson, Latee	DIN#06A 1498	C#192008
	(Continuation)	

**MEDICATIONS:**

**List of all current psychiatric and medical medications:** (Include all current medications from transferring unit/facility including medical meds at the first visit after transfer. For subsequent notes, list all psychiatric meds and any changes to medical meds made since admission to this unit). Include dose and frequency for each psychiatric medication listed.

**Psychiatric Medications:**

1. Increase to Tegretol 400 mg PO in PM until 03 – 13 – 2016
2. Continue Remeron 45 mg PO in PM until 03 – 13 – 2016
3. Continue trazodone 300 mg PO in PM until 03 – 13 – 2016
4. Tegretol blood levels ordered

**Medical Medications:**

1. Flexeril, Lipitor, Prilosec
- 2.
- 3.
- 4.

THIS INFORMATION IS BEING RELEASED  
UNDER THE PROVISIONS OF NEW YORK  
STATE MENTAL HYGIENE LAW, SECTION  
33.16. CENTRAL NEW YORK PSYCHIATRIC  
CENTER ACCEPTS NO RESPONSIBILITY  
IF THE INFORMATION IS REDISCLOSED  
TO THE OTHER PERSONS OR AGENCIES.

**MEDICATION EDUCATION PROVIDED:** (check when provided):   X  

**ADDITIONAL INFORMATION:****FOLLOW UP (Indicate next appointment):**

4 to 6 weeks and PRN

**SIGNATURE/TITLE:**



12 – 14 – 2015 VTC

José González, MD Psychiatrist II



**Central New York  
Psychiatric Center**

**ANDREW M. CUOMO**  
Governor

**ANN MARIE T. SULLIVAN, M.D.**  
Commissioner

**DEBORAH J. MCCULLOCH**  
Executive Director

July 15, 2016

Mr. Latee Robinson  
DIN# 06A1498  
Southport Correctional Facility  
P.O. Box 2000  
Pine City, New York 14871

Dear Mr. Robinson:

Your letters dated May 22, 2016 and June 1, 2016 addressed to Central New York Psychiatric Center was forwarded to this department for review and response. We appreciate you sharing your concerns with us, and we have looked into your specific complaints.

Consultation with OMH staff at Southport CF revealed that your request to review your records has recently been addressed. Your treatment team informed us that you have received a copy of your chart as well as the recent notes you were requesting to see.

We believe the information above addresses your noted concerns. Any further concerns you may have can be forwarded to this department for review and response. Thank you.

Sincerely,

  
Meaghan Bernstein, MA  
Risk Management Specialist

CC: Unit Chief Southport CF  
File

## Superando El Momento

# Prevención de Suicidios en Las Cárcel



Preparado por el  
Centro Psiquiátrico de Central New York  
División de Servicios Forenses  
Oficina de Salud Mental  
del Estado Nueva York  
en colaboración con  
el personal y los reclusos del  
Centro Correctional de Elmira

¿Sientes que estás siendo amenazado sin muchas posibilidades de mejoría? Quizás como tú, para muchas personas estos sentimientos surgen del hecho de estar encarcelados, por la muerte de algún familiar, la ruptura de una relación íntima, conflictos con otros reclusos o por un sinnúmero de otras razones.

Es importante y a veces muy difícil buscar ayuda en estos momentos. Cuando te sientas sin aliento, no necesitas oír un sermón o consejo que te desanime más. Necesitas a alguien que te escuche con el respeto que tú te mereces.

*¡Nosotros tenemos una persona con  
quien puedes hablar y que puede ayudarte  
a manejar tu crisis!*

Esta es la forma de obtener ayuda:

Haz una cita para hablar con un profesional de salud mental. Escribe la siguiente información en una hoja de citas y diríjala a Salud Mental:

Nombre:

Ubicación de la Celda:

DIN:

Fecha:

*¡Es importante que sientas que tienes  
a alguien que te puede dar esperanza!*

### Cómo Reconocer Una Crisis

Las personas que han experimentado una crisis pueden haber intentado ya resolver sus problemas de todas las formas que han creído posible. Pero nada parece funcionar. Ellos pueden empezar a sentirse desesperanzados e inadaptados. Esto los asusta mucho. De hecho, algunas personas pueden hacer lo imposible para escapar de esto.

Desafortunadamente, muchas personas sienten que tienen que resolver sus problemas solos. Al creer que nada de lo que han tratado vale la pena, pueden tratar hacerse daño.

Esto puede deberse a que se encuentran tan metidos en sus problemas que no ven sus alternativas. Es por esto que un compañero de confianza o un consejero adiestrado de salud mental puede ser útil.

### Las Personas que se suicidan

Las personas encuentran muchas maneras de decirles a otras cuánto sufren. Estas son algunas de las cosas que usted podría oír:

- No aguento más.
- No importará pronto.
- ¡Total, si no valgo nada!
- Mis familiares estarían mejor sin mí.

La gente puede comportarse de la siguiente manera cuando se sienten tan mal que desean intentar suicidarse:

- Descuidar su apariencia o salud.
- Siempre están irritados o muy cansados.
- Alejarse de los amigos y compañeros.
- Sentirse nerviosos, inquietos o molestos sin motivo alguno.
- Hablar sobre la muerte.
- Cortarse o quemarse a sí mismos.
- Guardar pastillas u otros medicamentos.
- Cambio en el nivel usual de actividad.
- Regalar posesiones.
- No ducharse ni ir a recreación.

Las personas que hace cualquier número de estas cosas pueden estar experimentando problemas emocionales y pueden estar pensando en suicidarse. De ser así, necesitan acceso a ayuda. Usted puede ayudarlos a conseguir esa ayuda.

### Qué Puedes Hacer Por Los Demás:

1. Mantener la calma.
2. Mostrar preocupación.
3. Escuchar con respeto.
4. No dar consejos que puedan hacerlos sentirse peor.
5. Dígale al oficial o a cualquier otro miembro del personal que un recluso necesita ver a un consejero para ayuda.

### Lo Que Puede Hacer Por Sí Mismo:

Si está experimentando una crisis a está pensando en hacerse daño a sí mismo, hable con cualquier miembro del personal inmediatamente para recibir ayuda. No espere.

*¡La peor ayuda es la que no se pide!*

*Help not asked for is no help at all!*

If you are experiencing a crisis or thinking of harming yourself, contact any member immediately for assistance. Don't wait.

## What You Can Do Yourself:

1. Stay Calm.
2. Show concern.
3. Listen with respect.
4. Don't give advice that sounds like a put down.
5. Tell someone, a CO, nurse or any other staff member that an inmate needs to see a counselor for help.

## What You Can Do For Others:

People who are doing any combination of these things may be experiencing emotional problems. They may be thinking of suicide. If so, they need access to help. You can assist them in getting that help.

- Neglect of appearance or health.
- Always irritable or unusually tired.
- Drawing away from friends or associates.
- Sudden edginess or restlessness or anger.
- Talking of death or dying.
- Cutting or burning oneself.
- Change in usual level of activity.
- Giving away possessions.
- Collecting pills or other medications.
- Cutting or burning oneself.
- No longer showing or going to recreation.

These are some of the behaviors of people who hurt so much they may want to attempt suicide:

- My family would be better off without me.
- I'm no good anyway.
- It won't matter soon.
- I can't take it any more.
- You may hear:

People find many ways of telling others how much they hurt. These are some of the things you may hear:

## Clues To Suicide

Feeling depressed, lonely, scared, labeled/bracketed without much hope for change? For many people, perhaps like yourself, these feelings may be due to incarceration, loss of a family member, the break-up of a close relationship, conflicts with other inmates or one of any number of reasons.

Reaching out is very important at times like this and is often very difficult. When you feel low, you don't need a lecture or advice that feels like a put down. You need someone who can listen to you with respect.

Make an appointment to talk to a mental health clinician. Print the following information on a call slip and address it to *Mental Health*:

People who experience a crisis may already tried everything they can think of to solve their problem. Nothing seems to work. They may already tried everything they can think of to solve their problem. Nothing seems to work. They may begin to feel hopeless and inadequate. This can be really scary. In fact some people may do almost anything to escape it.

## How to Recognize a Crisis

*Offering like you have some one to talk with gives hope!*

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
DIN: \_\_\_\_\_ Cell Location: \_\_\_\_\_  
Cell Location: \_\_\_\_\_

Make an appointment to talk to a mental health clinician. Print the following information on a call slip and address it to *Mental Health*:

Here is how to get that helping hand:

*We offer you someone to talk to, someone to help you cope with your crisis!*

Reaching out is very important at times like this and is often very difficult. When you feel low, you don't need a lecture or advice that feels like a put down. You need someone who can listen to you with respect.

Feelings depressed, lonely, scared, labeled/bracketed without much hope for change? For many people, perhaps like yourself, these feelings may be due to incarceration, loss of a family member, the break-up of a close relationship, conflicts with other inmates or one of any number of reasons.

It may be they are standing too close to their problem to see their choices. This is why a trusted associate or a trained mental health counselor can be helpful.

Unfortunately, many people feel that they have to solve their problems alone. Not seeing anything to work while from what they have already tried, they may try to hurt themselves.

Developed by **NY Office of Mental Health**  
**Bureau of Forensic Services**  
**Central New York Psychiatric Center**  
**in Collaboration with**  
**the State and Mates of Elmira Correctional Facility**  
**Develoed by**  
**New York State Office of Mental Health**  
**am**

# People in Prison for Suicide Prevention

*Living  
Through It*

Affidavit of Service

State of New York)

County of Chemung) SS

I, Anthony Gonzalez DIN# 13A5113, Am An Sworn Witness on Behalf for Complainee Lattee Robinson DIN# 0BA1H9B. I Am A Witness That Psychiatrist Doctor Jose Gonzalez will Tell Me IF I should Receive Negative side Effect by Medications to Report Mental Health staff or Medical Register Nurses or any Security and Correctional officers When I was on the Mental Health case load. When I was on Psychiatric Medications and Medical Register Nurses would say It's the Psychiatrist Doctor Order Not to Stop Taking Psychiatric Medication while I am in custody here At Southport C.F. And on the case load of Mental Health at Southport C.F.

Date:

Travis Michelos  
Notary Public  
State of New York  
Schuyler County No. 01MI6330465  
Commission Expires 09/14/2019



Anthony Gonzalez DIN# 13A5113

Southport C.F.

P.O. Box 2000

Pine City, N.Y. 14871-2000

Sworn to Before Me on

This 6 Day of

July 20 16  


Notary Public



Affidavit Of Service  
State Of New York)  
County Of Chemung)ss:

I, Terrill Jewell D#10A2229, Am An Sworn Witness  
On Behalf For Complainee Latee Robinson D#06A1498. I Am  
A Witness That Psychiatrist Doctor Jose Gonzalez Will Tell  
Me If I Should Receive Negative Side Effect By Medications  
To Report To Mental Health Staffs Or Medical Register Nurses  
Or Any Security And Correctional Officers When I Was On The  
Mental Health Case Load. When I Was On Psychiatric Medications  
An IT Was Days I Didn't Take Psychiatric Medications And  
Medical Register Nurses Would Say IT's The Psychiatrist Doctor  
Order Not To Stop Taking Psychiatric Medications While I Am  
In Custody Here At Southport C.F. And On The Case Load Of  
Mental Health At Southport C.F.

Date: REDACTED June 28, 2016

Travis Michelier  
Notary Public  
State of New York  
Schuyler County No. 01M16330465  
Commission Expires 09/14/2019

Terrill Jewell

Terrill Jewell D#10A2229

Southport C.F.

P.O. Box 2000

Pine City, N.Y. 14871-2000

Sworn To Before Me On

This 28<sup>th</sup> Day Of

June 2016

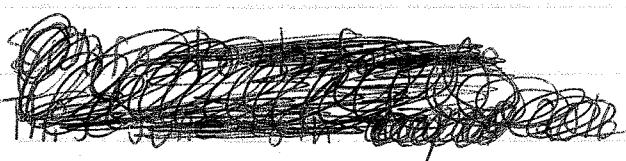
Travis Michelier  
Notary Public



Aff° Vad°ct of Service  
State of New York)  
County of Chemung )<sup>ss</sup>

I am an Sworn Witness Daquan Hynes 15A0208  
For behalf of Complainee Latee Robinson 06A1498.

I, Daquan Hynes 15A0208 an Inmate on the case load  
Office of Mental Health here at SouthPort C.F.  
When I Want to Commit Suicide, I report  
to Correctional Officers, and they Would  
Annoy Me, not taking Me Seriously, so I  
Wrote a Correspondence letter Complaint to the  
Office Mental Health SouthPort C.F. against  
Correctional Officers.



Daquan Hynes  
15A0208

Daquan Hynes 15A0208

Notary Public

Travis Michele  
Notary Public  
State of New York  
Schuyler County No. 01M1632018  
Commission Expires 09/14/2018

9/28/16  
B



## AFFIDAVIT OF SERVICE

I, Siul Gonzalez make this statement and notary to support prisoner latee, Robinson #06A1498 complained from october 2015 to december 14-2015 when we was house at B-block I witness Siul Gonzalez house B-11-16 cell hear latee Robinson house B-11-20 cell complained sufferin Pains sores in mouth on lips, on tongue, on genital, rash all over body, itchingness all over body, feeling Pains in han-  
sack, neck, migraine, off/on suicidal thoughts. Feeling, unable to drink, unable to see clearly, unable to write, unable to eat and starving every day every night to B-block 11-gallery  
correctional officers, medical register nurses, and sergeant c  
staffs employeed to denied latee Robinson to receive medi-  
care service and mental health service here southport c.f.  
and I witness Siul Gonzalez was house C-10-13 cell next  
door to latee, Robinson from January 2016 to April 2016 also  
every day complaining to suffer Pain with his back, hands,  
neck, itchingness all over body and lost of taste and smell  
to the medical register nurses here southport c.f.

sworn to before me this

4 day of May 2016

Robert J. O'Rourke  
notary public

Name Siul Gonzalez  
Signature

Name Siul Gonzalez  
D# 06A2359  
Southport Corr. Facility



UNITED STATES DISTRICT COURT WESTERN DISTRICT  
OF NEW YORK  
PRISONER AUTHORIZATION

Latee. Robinson plaintiff v. Correctional officers John Doe  
- Jane Doe et al, <sup>Defendants</sup> Civil case no. 16-cv-3516-FPG  
deadline date 7-27-16 I am requesting to reopen my civil  
case no. above, because delay not my Fault because of Defendants  
Notice is hereby Given that this action will be dismissed unless  
Plaintiff completes and returns this Authorization Form  
to this court within Forty-Five (45) Days From the Date of  
this Notice dated 6-27-16. The Prison Litigation Reform Act I am  
required to pay the Full Filing Fee ~~\$350.00~~ <sup>\$350.00</sup> and \$50.00 dollars  
administration Fee when bring a civil action. the court must assess  
and collect payment until the entire filing fees has been paid no  
matter what the outcome of the action.

I, Latee. Robinson, Latee. Robinson request and authorize the agency  
holding me in custody to send to the clerk of the United States district  
Court for the western district of New York, a certified copy of my prison  
account statement for the past six month and to calculate the  
amounts specified by 28 U.S.C. 1915(b) to deduct those amounts from  
prison trust Fund account or institutional equivalent to disburse  
those amount to the U.S. district court western district of New York, This  
authorization shall apply to any agency into whose custody I may be  
transferred.

7-24-16

NYSID No. 7758674-H

Latee, Robinson HobA1498

Latee Robinson Southport

Correctional Facility P.O. Box  
2000 Pine City, NY 14871



United States District Court Western  
District of New York

Latee. Robinson, #06A1498, plaintiff, please

Correctional Officers John Doe - Jane Doe,  
Sergeants John Doe, Sergeant Edward,  
Superintendent Michael Sheahan, Inmate Grievance  
Program Supervisors, H. Martin, S. King, Medical Doctor  
Wesley Canfield, Medical Physician assistant Ben Oakes,  
Medical Physician assistant John Doe, medical register  
nurses Jane Doe - John Doe, acting Commissioner Anthony  
J. Annucci, psychiatrist Doctor Jose Gonzalez, unit  
Chief Dolly, Clinician LMSW-2 Jane Doe, dermatologist  
Jane Doe - John Doe, medical doctors John Doe each 95  
sued in his/her persons, individuals, officials,  
capacities Defendants

AMENDED

SUMMONS in a civil action

CIVIL case No. 16-cv-3516-FPG

1. John Doe - Jane Doe Correctional Officers, Southport  
Correctional Facility P.O. Box 2000 Pine City, NY 14871
2. John Doe Sergeants, Southport Correctional Facility  
P.O. Box 2000 Pine City, NY 14871
3. Edward Sergeant, Southport Correctional Facility P.O.  
Box 2000 Pine City, NY 14871
4. Michael Sheahan, Superintendent Southport Correctional  
Facility P.O. Box 2000 Pine City, NY 14871
5. H. Martin, Inmate Grievance program Supervisor, Southport  
Correctional Facility P.O. Box 2000 Pine City, NY 14871
6. S. King, Inmate Grievance program Supervisor Southport  
Correctional Facility P.O. Box 2000 Pine City, NY 14871
7. Wesley Canfield Medical doctor Medical Dept. Southport  
Correctional Facility P.O. Box 2000 Pine City, NY 14871
8. Ben Oakes medical physician assistant, medical dept  
Southport Correctional Facility P.O. Box 2000 Pine City



9. John Doe medical physician assistant medical dept  
Southport Correctional Facility P.O. Box 2000 Pine City,  
NY 14871

10. Jane Doe - John Doe medical register nurses medical dept  
Southport Correctional Facility P.O. Box 2000 Pine  
City, NY 14871

11. Anthony J. Annucci, acting commissioner New York  
States Department of Corrections and Community  
Supervision The Harriman State Office Campus Building  
1220 Washington Ave, Albany, NY 12226

12. Jose Gonzalez psychiatrist Doctor center New York  
Psychiatric center P.O. Box 300 Matzby NY 14303

13. Dolly unit chief, central New York Psychiatric center  
Mental health unit Southport Correctional Facility 236  
Bob Masi Drive P.O. Box 2000 Pine City, NY 14871

14. Jane Doe Clinician LMSW-2, central New York Psychiatric  
Center Mental health unit Southport Correctional Facility  
236 Bob Masi Drive P.O. Box 2000 Pine City, NY 14871

15. Jane Doe dermatologist, SUNY Upstate Medical University  
Hospital 750 East Adams Street Syracuse, NY 13210

16. John Doe dermatologist, Walsh RMU Mohawk Correctional  
Facility 6514 Route 26, Rome, NY 13440.

17. John Doe medical doctors at St. Ogden Medical Center  
600 Roe Ave Elmira, NY 14905

18. John Doe medical doctors SUNY Upstate Medical University  
Hospital 750 East Adams Street Syracuse, NY 13210

19. Supreme Court Bronx County

20. New York County Supreme

You are hereby summoned and required to serve on pro-se  
Plaintiff LaFee Robinson #06A1498 Southport Correctional  
Facility P.O. Box 2000 Pine City, NY 14871



AN answer to the complaint which is served on each of you with this Amended civil ~~summons~~ no. 16-cv-3516-FPG within 20 days after service of this Amended civil summons on each of you, exclusive of the day of service, If you fail to do so, judgment by default will be taken against each of you for the relief demanded in my complaint. Any answer that I serve on the parties to this action must be filed with the clerk of this court western district within a reasonable period of time after service.

clerk of court

Date

Deputy clerk



